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AS AGENT FOR TRUSTEE  
IRVING H. PICARD, ESQ.

**COPY**

BY: [Signature]

JOHN FRANKS

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**RECEIVED**

MAR 02 2009

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: Jewish Community Foundation of the Jewish Federation Council of Greater Los Angeles\*

Mailing Address: c/o Jewish Community Foundation, 6505 Wilshire Blvd., #1200

City: Los Angeles State: California Zip: 90048

Account No.: 1-J0059-3-0 & 1-J0059-4-0

Taxpayer I.D. Number (Social Security No.): 95-6111928 (See Attachment "A")

\* For itself as a customer and as a nominee of the additional customers listed in Attachment "A".

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ Please see Attachment "A"
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ \_\_\_\_\_
- d. If balance is zero, insert "None." \_\_\_\_\_

**COPY**

2. Claim for securities as of **December 11, 2008:**

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

	<u>YES</u>	<u>NO</u>
a. The Broker owes me securities	<u>YES</u>	<u>          </u>
b. I owe the Broker securities	<u>          </u>	<u>NO*</u>
c. If yes to either, please list below:	*Please see Attachment "B"	

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
	Please see Attachment "C"		
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
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<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR \* COMPLETION.** \* We are interpreting "You" to mean each entity which is Customer.

- |   | <u>YES</u>   | <u>NO</u>                                |
|---|--|--|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____  | <u>No*</u><br>*Please see Attachment "D" |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____  | <u>No</u>                                |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____  | <u>No</u>                                |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____  | <u>No</u>                                |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____  | <u>No*</u><br>*Please see Attachment "D" |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | Yes as to all<br><u>Customers other</u><br>than the<br>Foundation* | No as to the<br><u>Foundation*</u>       |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.  | _____  | <u>No</u><br>*Please see Attachment "D"  |

Please list the full name and address of anyone assisting you in the preparation of this claim form: S. Stuart Soldate, Barger & Wolen LLP  
633 W. 5th Street, 47th Floor, Los Angeles, CA 90071

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date 2-27-09 Signature 

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

PLEASE SEE ATTACHMENT E

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

## CUSTOMER CLAIM

### BERNARD L. MADOFF INVESTMENT SECURITIES LLC In Liquidation

#### ATTACHMENT A (Names of Customers)

TO

CLAIM FORM FOR ACCOUNT NOS. 1-J0059-3-0 & 1-J0059-4-0

The charitable organizations listed below ("Customers", "We" or "Us") contributed endowment assets to a common investment pool (the "Pool") which is maintained and administered by the Jewish Community Foundation of the Jewish Federation Council of Greater Los Angeles (the "Jewish Community Foundation of L.A.") for the collective investment and reinvestment of such assets. Each Customer has a separate and distinct several (and not joint) undivided interest in the assets of the Pool, including but not limited to the securities with respect to which this claim is made. It is Our position that each such participant in the Pool listed below represents an individual "customer" under the Securities Investor Protection Act ("SIPA") pursuant to SIPA's rules addressing customer "capacities." See 15 U.S.C.A. 78fff-3(a) ("a customer who holds accounts with the debtor in separate capacities shall be deemed to be a different customer in each capacity"). More specifically, We take the position that each Customer listed below holds the Bernard L. Madoff Investment Securities LLC ("Broker") accounts in an individual capacity as a principal or beneficial owner. With respect to each Customer other than the Jewish Community Foundation of L.A., the Jewish Community Foundation of L.A. is the agent or nominee under the relevant SIPA rule. See 17 C.F.R. § 300.101 (*"An account held with a member by an agent or nominee for another person as a principal or beneficial owner shall, except as otherwise provided in these rules, be deemed to be an individual account of such principal or beneficial owner."*) (Emphasis added). In many cases, the fact that the Jewish Community Foundation of L.A. is the agent or nominee of the Customers is evidenced by a written Fund Agreement. See, e.g., *Synagogue Fund Agreement*, p.1 ("Synagogue hereby transfers to the Foundation, for investment, administration and management purposes only, the 'Initial Assets' listed on the attached Schedule I.") & *id.* at p.2 ("The Foundation shall have the sole right and power to invest and manage the Fund Assets as part of the Pool and to take such other actions (including, for example, choosing and engaging 'Advisors' (as defined below), delegating and assigning authority and responsibility to those Advisors, incurring expenses and making payments in respect of those expenses) as the Foundation deems appropriate."). Attached hereto as **Attachment A.1** is an executed statement by each Customer certifying the discretionary authority given by the Customer to the Jewish Community Foundation of L.A. to execute securities transactions. Accordingly, the names of the Customers are as follows:

1. Jewish Community Foundation of L.A., Taxpayer I.D. Number 95-6111928
2. Jewish Federation Council of Greater Los Angeles, Taxpayer I.D. Number 95-1643388

3. Valley Beth Shalom – Harold M. Schulweis Institute, Taxpayer I.D. Number 95-1890769
4. Valley Beth Shalom Foundation, Taxpayer I.D. Number 95-3847833
5. Los Angeles Hillel Council, Inc., Taxpayer I.D. Number 95-1831070
6. Hillel the Foundation for Jewish Campus Life, Taxpayer I.D. Number 95-4867366
7. Beit T'Shuvah, Taxpayer I.D. Number 77-0152646
8. Santa Barbara Hillel Support Foundation, Taxpayer I.D. Number 91-2054237
9. Temple Judea of the West San Fernando Valley, Taxpayer I.D. Number 95-6052095
10. Jewish Federation of Greater Santa Barbara, Taxpayer I.D. Number 23-7354759
11. Jewish Family Service of Los Angeles, Taxpayer I.D. Number 95-1691013
12. Bureau of Jewish Education of Greater Los Angeles, Taxpayer I.D. Number 95-4280178
13. Jack E. & Rachel Gindi Foundation, Taxpayer I.D. Number 95-4068700
14. Shirley & Burt Harris Family Foundation, Taxpayer I.D. Number 95-4246144
15. Sinder Family Foundation, Taxpayer I.D. Number 95-4092908
16. Leonard & Annette Shapiro Family Foundation, Taxpayer I.D. Number 95-4582899
17. The Louise and Herb Horvitz Charitable Foundation, Taxpayer I.D. Number 95-4664621
18. Kurtzman Family Foundation, Taxpayer I.D. Number 95-4684563
19. Trena & Stanley Greitzer Family Foundation, Taxpayer I.D. Number 95-4716089
20. Palermo-Ravich Family Foundation, Taxpayer I.D. Number 95-4717551
21. Louis & Judith Miller Family Foundation, Taxpayer I.D. Number 95-4773791
22. Joyce & Lawrence Powell Family Foundation, Taxpayer I.D. Number 95-4826900
23. Lee and Herman Ostrow Family Foundation, Taxpayer I.D. Number 01-0734263
24. ABRASBA Foundation, Taxpayer I.D. Number 05-0545566
25. Levey Cherry Foundation, Taxpayer I.D. Number 03-0576686
26. The Melissa Marantz Nealy Foundation, Taxpayer I.D. Number 35-2303167
27. The Emquies Family Support Foundation, Taxpayer I.D. Number 26-1573706